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Encounter Form is completed. It contains basic demographic data and information about who referred the patient, reasons for referral, services provided, disposition as well as clinician and clinic identifications. Each time an individual returns to the clinic a Follow-Up/Encounter Form is completed to record the service provided and the disposition. All data are entered into the computer via a terminal located in the clinic. From these data the following reports can be generated: Report of Consultation, Monthly Managerial Report, Monthly Quality Assurance Report, and Monthly Outpatient Morbidity Report. Initially, the system will be implemented on a fully automated basis in one clinic in the San Diego region. Future plans call for regionwide implementation and ultimately recommendations concerning Navywide implementation.

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THE NAVY MENTAL HEALTH INFORMATION SYSTEM (NAMHIS): AN OVERVIEW

**R. B. CHAFFEE
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REPORT NO. 83-2



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BETHESDA, MARYLAND

The Navy Mental Health Information System (NAMHIS): An Overview

SUMMARY

A standardized mental health recordkeeping system has been developed by the Naval Health Research Center to serve as a basis for a comprehensive, automated Navy Mental Health Information System (NAMHIS). The system is designed to collect and store information obtained in direct patient contacts to generate consultation reports and to perform administrative functions. An individual patient record is initiated when an individual first comes to an outpatient mental health clinic, and an Administrative/Encounter Form is completed. It contains basic demographic data and information about who referred the patient, reasons for referral, services provided, and disposition as well as clinician and clinic identifications. Each time an individual returns to the clinic a Follow-Up/Encounter Form is completed to record the service provided and the disposition. All data are entered into the computer via a terminal located in the clinic. From these data the following reports can be generated: Report of Consultation, Monthly Managerial Report, Monthly Quality Assurance Report, and Monthly Outpatient Morbidity Report. Initially, the system will be implemented on a fully automated basis in one clinic in the San Diego region. Future plans call for regionwide implementation and ultimately recommendations concerning Navywide implementation.

THE NAVY MENTAL HEALTH INFORMATION SYSTEM (NAMHIS):
AN OVERVIEW

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INTRODUCTION

A standardized mental health recordkeeping system has been developed by the Naval Health Research Center (NHRC) to serve as the basis for a comprehensive, automated Navy Mental Health Information System (NAMHIS). Such a record system is necessary to meet the information requirements of clinicians and administrators in Navy mental health, including timely reports of patient consultations, management data, and medical audit and utilization review procedures prescribed by medical quality assurance and accreditation programs.¹ When fully operational, the automated system will assemble, store, and display relevant, complete, and standardized information so that it is immediately accessible. Further, the system will generate required reports in a timely manner, tabulate population statistics, and answer research queries far more accurately and efficiently than these tasks can be accomplished manually. The Computer Stored Ambulatory Record (COSTAR) software package, a system for the management of medical data, will be utilized as the vehicle for automation of the NAMHIS system. COSTAR will be modified to accommodate the specific data requirements of Navy outpatient mental health.

BACKGROUND

Clinicians in outpatient Navy Fleet Mental Health Support Units (FMHSUs) typically engage in triage, brief assessment, and crisis intervention.² Most outpatient FMHSU patients are only seen for a single visit from which the referral source desires a report in a timely manner to use in making decisions concerning the patient's status.³ Efficient and effective performance of these tasks depends upon the prompt acquisition and availability of specific patient information that is not routinely included in Navy medical records in an organized, complete fashion. The patient must be identified, the presenting problem described, fitness for duty must be determined and documented, and recommendations for subsequent clinical management and disposition made. To accomplish all of this, information must be collected from service records, medical records, telephone conversations with the referral source, the clinician's evaluation, and results of any medical or psychological tests. A report then is generated using the information gathered which is sent back to the referral source, and a copy is retained at the FMHSU. Coincidentally, information must be documented on patient visits that facilitates systematic and comprehensive reporting and that satisfies the requirements of medical audit utilization review procedures. The importance and complexity of these data requirements exceed the capability of the Navy's mental health recordkeeping as it presently exists. No comprehensive system exists within Navy mental health services for collecting and processing administrative and clinical information obtained from individual patients or from patient visits.

DATA REQUIREMENTS

The mental health record system being developed by NHRC is designed to collect and store information to generate consultation reports and to perform administrative functions. In order to generate timely, complete consultation reports, a record of each patient seen must be constructed and maintained. Medical audit and utilization review procedures require that these records contain specific items and that the data be retrievable to compute various summary statistics. Present Navy management information systems [e.g., the Medical Services and Outpatient Morbidity Report (NAVMED 6300/1)] require further computation of workload summary and population statistics. To meet these requirements, the mental health record system must directly capture the data desired from patient visits. This procedure would maximize the accuracy and completeness of the data collected.

Given the foregoing data requirements, data entry forms were designed and tested in a series of pilot studies.^{3,4} The results of these pilot studies indicated that (1) it is possible to collect standard patient demographic and service delivery data which describe the Navy outpatient mental health population directly from patient/clinician visits or "encounters"; (2) clinician compliance is crucial to accurate data entry; and (3) a taxonomy of reasons for referral is essential to the adequate clinical description of the Navy outpatient mental health population. The data entry forms were revised based on these results. The revised data entry forms---the Administrative/Encounter Form and the Follow-up Encounter Form---are presented in Appendices A and B.

DATA COLLECTION

The individual outpatient mental health record begins when the person appears for the first interview and the Administrative/Encounter Form is completed (see Appendix A). Individuals are generally scheduled for initial visits by clinic personnel when a Consultation Sheet (Standard Form 513) or other appropriate referral is received by the clinic. The patient's name and hour of appointment are entered into the clinic log at that time. Further, individuals may be seen in clinics on an emergency basis.

The Administrative/Encounter Form contains three sections to be completed consecutively by the patient, the technician (corpsperson, civilian clerk), and the clinician. Section 1, completed by the patient, contains the following demographic information: name, social security number (SSN), date of interview, sex, age, patient status (active duty, dependent, etc.), pay-grade, length of service, if the patient is a recruit, ethnic background, branch of service, and marital status. Section 2, completed by the technician, contains the date the consultation was received, the referral source,

the principal service provided, whether or not the patient was referred for special program screening, emergency status, the clinician's code, and the clinic code. Section 3, completed by the clinician, contains a list of 26 precipitating factors from which the clinician may check any that apply. The clinician checks whether the service record, the health record, and the consultation form were reviewed. The clinician records the number of the diagnosis assigned from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) or other Personality Trait codes and NHRC codes. The clinician also checks the appropriate disposition, recommendation(s), and the results of the special program screening, if applicable. The final page of the Administrative/Encounter Form is reserved for comments the clinician wishes to make about the individual seen.

A Follow-up Encounter Form (see Appendix B) is completed whenever the patient returns to the clinic after the initial visit for any further evaluation or treatment. This form contains sections to be completed by the technician and the clinician. The technician provides the name, SSN, date of visit, principal service provided, special program screening if applicable, whether or not the visit was an emergency, the clinician's code, and the clinic code. The section completed by the clinician includes the number of the diagnosis from the DSM-III or other NHRC code, disposition, recommendation(s), and special program screening results, if applicable. A comments section also is included.

The information collected on the Administrative/Encounter Form is entered into the computerized system by the technician via the terminal located in the clinic. Through this process, the patient is registered and the medical record is created. This activity can take place immediately following the patient consultation if a report of the consultation is to accompany the patient upon return to the patient's command. Otherwise, patient registration and data entry can occur at any time during the work day at the convenience of the technician. Data from Follow-up Encounter Forms will be entered into the system as the workload of the technician permits.

REPORTS GENERATED

Once a patient's registration and medical data have been entered, a "Report of Consultation" may be easily generated (see Figure 1). This can be done while the patient waits, or later in the day as time becomes available. The report serves two purposes: (1) it provides the clinic with "hard copy" documentation of the patient's visit, and (2) it serves as liaison between the clinic and the referral source by presenting an essential distillation of the consultation process. A complete Report of Consultation can be generated for an initial or follow-up visit.

MENTAL HEALTH CARE
REPORT OF CONSULTATION

NAME: SSN:
DATE: SEX: AGE: PATIENT STATUS:
PAYGRADE: LENGTH OF SERVICE: YRS. MOS.
ETHNIC BACKGROUND: BRANCH OF SERVICE:
MARITAL STATUS:
REFERRED BY:
VISIT STATUS:
EMERGENCY:
SERVICE RECORD REVIEWED:
HEALTH RECORD REVIEWED:
CONSULT FORM REVIEWED:
PRECIPITATING FACTOR(S):

PRINCIPAL SERVICE PROVIDED:
SPECIAL PROGRAM SCREENING:
DIAGNOSIS:
DISPOSITION:
RECOMMENDATIONS:
SPECIAL PROGRAM SCREENING RESULTS:
COMMENTS: _____

CLINICIAN:
FACILITY:

Figure 1. Report of Consultation.

Besides the individual patient report, NAMHIS has the capacity to generate summary statistical reports involving the entire clinic population. At this time, three such reports are available---the Monthly Managerial Report, the Monthly Quality Assurance Report, and the Monthly Outpatient Morbidity Report.

The Monthly Managerial Report (see Appendix C) presents tallies of initial and follow-up visits, the number of individuals accounting for these visits, mean visits per individual over the 1-month period, and frequency distributions of selected variables describing the clinic population, services provided, diagnoses, and outcome variables.

The Monthly Quality Assurance Report (see Figure 2) provides information concerning adherence to Medical Audit and Utilization Review Guidelines. "Elements" of these guidelines were extracted, and systematic methods of assessing adherence to each were developed. For example, one element states that "Requests for routine consults are seen within 14 calendar days of consult date." If "Today's Date" (date of consultation) is more than 14 days after "Date Consult Received," as detailed on the Administrative/Encounter Form, the consultation was not within the guidelines of the stated element. This element only applies to initial visits, not to follow-up visits; therefore, the "Applicable Visits" in this case are simply the number of initial visits. The overall "Percent Adherence" is calculated for each element by dividing "Visits within Guidelines" by "Applicable Visits." Minimum standards for percent adherence have been suggested by personnel involved with quality assurance. Until now, an accurate and efficient means of documenting adherence to these standards has not existed.

The Monthly Outpatient Morbidity Report (see Figure 3) contains the mental health clinic's monthly contribution to the Medical Services and Outpatient Morbidity Report (NAVMED 6300/1). The automatic generation of this report should reduce considerably the time needed to assemble this information using current recordkeeping techniques.

FUTURE PLANS

Initially, the system described above will be implemented on a fully automated basis in one clinic in the San Diego region. At the same time, manual collection of data will continue at all other clinics in this area. Once established, the computerized system will be expanded to include a mental status examination as well as family history, social history, military history, and psychological test modules. When adequate data are in the system, all modules will be evaluated and modified as necessary. Following this milestone, the computerized system will be expanded to include all clinics in the San Diego region. Ultimately it is expected that the automated NAMHIS will be recommended for Navywide implementation.

MENTAL HEALTH CLINIC
MONTHLY QUALITY ASSURANCE REPORT

Clinic:

Reporting Period:

This report provides information concerning the Mental Health Clinic's adherence to quality assurance guidelines. For some of the guidelines, acceptable reasons for nonadherence were agreed upon. (For example, if a patient's service record has been lost by the referring command, the clinic would be unable to review it.) This report does not document these exceptions; it merely reports how often guidelines were followed. Therefore, it may underestimate the actual degree of adherence. Consequently, when exceptions are noted, the clinic should document them in order to demonstrate higher levels of adherence than would be indicated by this report.

<u>Element</u>	<u>Applicable Visits</u>	<u>Visits within Guidelines</u>	<u>Percent Adherence</u>
Requests for routine consults are seen within 14 calendar days of consult date.	#	#	%
Outpatients with requests for emergency consults are seen within the same working day of consult date.	#	#	%
Service Record Reviewed.	#	#	%
Health Record Reviewed.	#	#	%
Consult Form Reviewed.	#	#	%
DSM-III Diagnosis Given.	#	#	%
Recommendation for Disposition (Fitness for Duty).	#	#	%
All record entries are accompanied by clinician's name.	#	#	%
Statement concerning fitness for special program if warranted.	#	#	%

Figure 2. Monthly Quality Assurance Report.

MENTAL HEALTH CLINIC
MONTHLY OUTPATIENT MORBIDITY REPORT

Clinic:

Reporting Period:

The information contained in this report represents the mental health clinic's monthly contribution to the Medical Services and Outpatient Morbidity Report (NAVMED 6300/1).

Distribution of total clinic visits by patient status and branch of service:

	<u>USN</u>	<u>USMC</u>	<u>USCG</u>	<u>Other</u>
Active Duty	Raw # %	Raw # %	Raw # %	Raw # %
Dependent	Raw # %	Raw # %	Raw # %	Raw # %

Distribution of total clinic visits by principal service provider:

<u>Psychiatrist</u>	<u>Psychologist</u>	<u>Other</u>
Raw # %	Raw # %	Raw # %

Diagnostic distribution for Initial and Follow-up visits (Active Duty personnel only):

	<u>Alcoholism</u>	<u>Marijuana</u>	<u>Narcotic Drugs</u>
Initial Visits	Raw # %	Raw # %	Raw # %
Follow-up Visits	Raw # %	Raw # %	Raw # %

	<u>Nonnarcotic Drugs</u>	<u>Combination</u>	<u>All Other Diagnoses</u>
Initial Visits	Raw # %	Raw # %	Raw # %
Follow-up Visits	Raw # %	Raw # %	Raw # %

Figure 3. Monthly Outpatient Morbidity Report.

REFERENCES

1. Chaffee, R. B., & Sears, H. J. T. The need for a comprehensive mental health information system: I. Data requirements of local clinicians and administrators in Navy psychiatry. Naval Health Research Center, San Diego, California, Report No. 80-19, 1980.
2. Bailey, L. W. Outpatient mental health services in the Navy: Referral patterns, demographics, and clinical implications. *Military Medicine*, 1980, 145, 106-110.
3. Kolb, D., Chaffee, R. B., & Coben, P. Comparisons of clinical practice at four Navy fleet mental health support units. Naval Health Research Center, San Diego, California, Report No. 82-27, 1982.
4. Chaffee, R. B., & Bally, R. E. Mental health care in a fleet mental health support unit. Naval Health Research Center, San Diego, California, Report No. 82-17, 1982.

APPENDIX A

ADMINISTRATIVE/ENCOUNTER FORM

MENTAL HEALTH CARE
ADMINISTRATIVE/ENCOUNTER FORM

THIS SECTION TO BE COMPLETED BY PATIENT. RESPOND TO ALL ITEMS. PLEASE PRINT.

1. NAME	
Last Name _____	First Name _____ Initial _____
2. SOCIAL SECURITY NUMBER _____ - _____ - _____	3. TODAY'S DATE ____ / ____ / ____ Month Day Year
4. SEX <input type="checkbox"/> (1) MALE <input type="checkbox"/> (2) FEMALE	5. AGE _____ YEARS
6. PATIENT STATUS <input type="checkbox"/> (1) ACTIVE DUTY <input type="checkbox"/> (4) RETIRED <input type="checkbox"/> (2) DEPENDENT SPOUSE <input type="checkbox"/> (5) OTHER <input type="checkbox"/> (3) DEPENDENT CHILD	
7. PAYGRADE: CHECK APPROPRIATE BOX. If DEPENDENT, check here <input type="checkbox"/> (1) <input type="checkbox"/> E1 <input type="checkbox"/> E2 <input type="checkbox"/> E3 <input type="checkbox"/> E4 <input type="checkbox"/> E5 <input type="checkbox"/> E6 <input type="checkbox"/> E7 <input type="checkbox"/> E8 <input type="checkbox"/> E9 (2) <input type="checkbox"/> W1 <input type="checkbox"/> W2 <input type="checkbox"/> W3 <input type="checkbox"/> W4 (3) <input type="checkbox"/> O1 <input type="checkbox"/> O2 <input type="checkbox"/> O3 <input type="checkbox"/> O4 <input type="checkbox"/> O5 <input type="checkbox"/> O6	
8. LENGTH OF SERVICE. If DEPENDENT, check here: <input type="checkbox"/> ____ / ____ Years Months	9. RECRUIT? <input type="checkbox"/> (1) YES <input type="checkbox"/> (2) NO
10. ETHNIC BACKGROUND <input type="checkbox"/> (1) WHITE <input type="checkbox"/> (5) FILIPINO/MALAYAN <input type="checkbox"/> (2) ORIENTAL <input type="checkbox"/> (6) NATIVE AMERICAN <input type="checkbox"/> (3) HISPANIC <input type="checkbox"/> (7) OTHER <input type="checkbox"/> (4) BLACK	
11. BRANCH OF SERVICE <input type="checkbox"/> (1) USN <input type="checkbox"/> (3) USCG <input type="checkbox"/> (2) USMC <input type="checkbox"/> (4) OTHER	
12. MARITAL STATUS <input type="checkbox"/> (1) SINGLE/NEVER MARRIED <input type="checkbox"/> (4) SEPARATED <input type="checkbox"/> (2) MARRIED (first) <input type="checkbox"/> (5) DIVORCED <input type="checkbox"/> (3) MARRIED (other than first) <input type="checkbox"/> (6) WIDOWED	

NHRC - 6320.30A [10-82]

THIS SECTION TO BE COMPLETED BY TECHNICIAN. PLEASE RESPOND TO ALL ITEMS.

13. DATE CONSULT RECEIVED

____ / ____ / ____
Month Day Year

14. WHO REFERRED PATIENT TO PSYCH?

- | | |
|--|--|
| <input type="checkbox"/> (1) SICK CALL | <input type="checkbox"/> (5) CHAPLAIN |
| <input type="checkbox"/> (2) OTHER MED SERVICE | <input type="checkbox"/> (6) SELF |
| <input type="checkbox"/> (3) COMMAND | <input type="checkbox"/> (7) LEGAL OFFICER |
| <input type="checkbox"/> (4) BRIG | <input type="checkbox"/> (8) OTHER |

15. PRINCIPAL SERVICE PROVIDED (EVALUATION/PSYCHOTHERAPY). *Mark only ONE.*

- | | |
|---|--|
| <input type="checkbox"/> (01) SUITABLE/FIT FOR DUTY | <input type="checkbox"/> (07) NAB/RAB |
| <input type="checkbox"/> (02) SPECIAL PROGRAM SCREENING | <input type="checkbox"/> (08) INDIVIDUAL THERAPY |
| <input type="checkbox"/> (03) PSYCH TESTING | <input type="checkbox"/> (09) GROUP THERAPY |
| <input type="checkbox"/> (04) FIT FOR CONFINEMENT | <input type="checkbox"/> (10) FAMILY THERAPY |
| <input type="checkbox"/> (05) MEDICAL BOARD | <input type="checkbox"/> (11) COUPLE THERAPY |
| <input type="checkbox"/> (06) SANITY HEARING | <input type="checkbox"/> (12) OTHER |

16. SPECIAL PROGRAM SCREENING

- | | |
|---|---|
| <input type="checkbox"/> (1) NONE | <input type="checkbox"/> (5) DEEPFREEZE |
| <input type="checkbox"/> (2) SUBMARINE DUTY | <input type="checkbox"/> (6) CC/DI |
| <input type="checkbox"/> (3) UDT/SEAL | <input type="checkbox"/> (7) OTHER |
| <input type="checkbox"/> (4) PRP | |

17. EMERGENCY?

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> (1) YES | <input type="checkbox"/> (2) NO |
|----------------------------------|---------------------------------|

18. CLINICIAN'S CODE

19. FACILITY CODE

THIS SECTION TO BE COMPLETED BY CLINICIAN. PLEASE RESPOND TO ALL ITEMS.

20. PRECIPITATING FACTORS. *Mark ALL that apply.*

- | | |
|--|--|
| <input type="checkbox"/> (01) DEPRESSION | <input type="checkbox"/> (14) FAMILY SEPARATION |
| <input type="checkbox"/> (02) ANXIETY | <input type="checkbox"/> (15) RELOCATION |
| <input type="checkbox"/> (03) DISCIPLINARY PROBLEMS | <input type="checkbox"/> (16) SUICIDE IDEATION |
| <input type="checkbox"/> (04) INAPPROPRIATE BEHAVIOR | <input type="checkbox"/> (17) SUICIDE GESTURE |
| <input type="checkbox"/> (05) ALCOHOL ABUSE | <input type="checkbox"/> (18) SUICIDE ATTEMPT |
| <input type="checkbox"/> (06) DRUG ABUSE | <input type="checkbox"/> (19) HOMICIDAL IDEATION |
| <input type="checkbox"/> (07) WANTS OUT | <input type="checkbox"/> (20) HOMICIDAL BEHAVIOR |
| <input type="checkbox"/> (08) PROBLEM WITH NAVY LIFE | <input type="checkbox"/> (21) STUTTERING |
| <input type="checkbox"/> (09) JOB STRESS | <input type="checkbox"/> (22) SLEEP DISTURBANCE |
| <input type="checkbox"/> (10) JOB PROBLEMS | <input type="checkbox"/> (23) ENURESIS |
| <input type="checkbox"/> (11) PHYSICAL COMPLAINT | <input type="checkbox"/> (24) UNSPEC EMOT/BEHAV PROB |
| <input type="checkbox"/> (12) INTERPERSONAL PROBLEM | <input type="checkbox"/> (25) OTHER |
| <input type="checkbox"/> (13) MARITAL DIFFICULTY | <input type="checkbox"/> (26) NONE APPLICABLE |

21A. SERVICE RECORD REVIEWED?

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> (1) YES | <input type="checkbox"/> (2) NO |
|----------------------------------|---------------------------------|

21B. HEALTH RECORD REVIEWED?

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> (1) YES | <input type="checkbox"/> (2) NO |
|----------------------------------|---------------------------------|

21C. CONSULT FORM REVIEWED?

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> (1) YES | <input type="checkbox"/> (2) NO |
|----------------------------------|---------------------------------|

22. PRIMARY DIAGNOSIS

23. DISPOSITION. *Check ONLY ONE.*

- | | |
|--|---|
| <input type="checkbox"/> (1) FIT FOR FULL DUTY | <input type="checkbox"/> (4) LIMITED DUTY |
| <input type="checkbox"/> (2) UNSUITABLE | <input type="checkbox"/> (5) DEFERRED |
| <input type="checkbox"/> (3) UNFIT FOR DUTY | <input type="checkbox"/> (6) DEPENDENT-DOES NOT APPLY |

24. RECOMMENDATION. *Check ALL that apply.*

- | | |
|--|---|
| <input type="checkbox"/> (01) ALCOHOL REHABILITATION | <input type="checkbox"/> (07) CHAMPUS |
| <input type="checkbox"/> (02) DRUG REHABILITATION | <input type="checkbox"/> (08) ADMINISTRATIVE SEPARATION |
| <input type="checkbox"/> (03) CAAC | <input type="checkbox"/> (09) MEDICAL BOARD |
| <input type="checkbox"/> (04) ADMIT TO HOSPITAL | <input type="checkbox"/> (10) FAMILY SERVICE CENTER |
| <input type="checkbox"/> (05) RETURN FOR OUTPATIENT TX | <input type="checkbox"/> (11) NO FOLLOW-UP INDICATED |
| <input type="checkbox"/> (06) RETURN FOR FURTHER EVAL | <input type="checkbox"/> (12) OTHER |

25. SPECIAL PROGRAM SCREENING RESULTS

- | | |
|---|---|
| <input type="checkbox"/> (1) QUALIFIED | <input type="checkbox"/> (3) DEFERRED |
| <input type="checkbox"/> (2) DISQUALIFIED | <input type="checkbox"/> (4) DOES NOT APPLY |

APPENDIX B

FOLLOW-UP ENCOUNTER FORM

THIS SECTION TO BE COMPLETED BY TECHNICIAN.

Initial

3. TODAY'S DATE

____ / ____ / ____
Month Day Year

☐ (07) NAB/RAB
☐ (08) INDIVIDUAL THERAPY
☐ (09) GROUP THERAPY
☐ (10) FAMILY THERAPY
☐ (11) COUPLE THERAPY
☐ (12) OTHER

☐ (5) DEEPEREEZE
☐ (6) CC/DI
☐ (7) OTHER

☐ (1) YES☐ (2) NO

19. FACILITY CODE

B-1

THIS SECTION TO BE COMPLETED BY CLINICIAN.

22. PRIMARY DIAGNOSIS

23. DISPOSITION. Check ONLY ONE.

- ☐ (1) FIT FOR FULL DUTY
☐ (2) UNSUITABLE
☐ (3) UNFIT FOR DUTY

- ☐ (4) LIMITED DUTY
☐ (5) DEFERRED
☐ (6) DEPENDENT—DOES NOT APPLY

24. RECOMMENDATION. Check ALL that apply.

- ☐ (01) ALCOHOL REHABILITATION
☐ (02) DRUG REHABILITATION
☐ (03) CAAC
☐ (04) ADMIT TO HOSPITAL
☐ (05) RETURN FOR OUTPATIENT TX
☐ (06) RETURN FOR FURTHER EVAL

- ☐ (07) CHAMPUS
☐ (08) ADMINISTRATIVE SEPARATION
☐ (09) MEDICAL BOARD
☐ (10) FAMILY SERVICE CENTER
☐ (11) NO FOLLOW-UP INDICATED
☐ (12) OTHER

25. SPECIAL PROGRAM SCREENING RESULTS

- ☐ (1) QUALIFIED
☐ (2) DISQUALIFIED

- ☐ (3) DEFERRED
☐ (4) DOES NOT APPLY

COMMENTS

COMMENTS

APPENDIX C

MONTHLY MANAGERIAL REPORT

**MENTAL HEALTH CLINIC
MONTHLY MANAGERIAL REPORT**

CLINIC		REPORTING PERIOD
INITIAL VISITS	FOLLOW-UP VISITS	TOTAL VISITS
INDIVIDUALS WITH ONE OR MORE FOLLOW-UP VISITS		
TOTAL INDIVIDUALS SEEN AT CLINIC (INITIAL OR FOLLOW-UP)		
MEAN VISITS PER INDIVIDUAL		

FREQUENCY DISTRIBUTIONS OF SELECTED VARIABLES

SEX	MALE		FEMALE	
Initial Visits	Raw No. %		Raw No. %	
Follow-up Visits	Raw No. %		Raw No. %	

AGE	17	18	19	20-21	22-23	24-25	≥ 26
Initial Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %

PATIENT STATUS	ACTIVE DUTY	DEPENDENT SPOUSE	DEPENDENT CHILD	RETIRED	OTHER
Initial Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %

PAYGRADE/RANK	E1	E2	E3	E4-E6	E7-E9	W1-W4	O1-O6	Dep.
Initial Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %

MONTHS OF SERVICE	0-1	2-6	7-12	13-24	25-36	37-48	≥ 49	Dep.
Initial Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %

RECRUIT?	YES	NO
Initial Visits	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %

ETHNIC BACKGROUND

	WHITE	ORIENTAL	HISPANIC	BLACK	FILIPINO/ MALAYAN	NATIVE AMERICAN	OTHER
Initial Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %

BRANCH OF SERVICE

	USN	USMC	USCG	OTHER
Initial Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %

MARITAL STATUS

	SINGLE	MARRIED 1st	MARRIED 2+	SEPA- RATED	DIVORCED	WIDOWED
Initial Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %

REFERRAL SOURCE

	SICK CALL	OTHER MED SVC	COMMAND	BRIG	CHAPLAIN	SELF	LEGAL OFFICER	OTHER
Initial Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %

PRINCIPAL SERVICE PROVIDED

	SUITABLE/ FIT/DUTY	SPEC PROG SCRNG	PSYCH TESTING	FIT/CON- FINEMENT	MEDICAL BOARD	SANITY HEARING
Initial Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %

	NAB/RAB	INDIV THERAPY	GROUP THERAPY	FAMILY THERAPY	COUPLE THERAPY	OTHER
Initial Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %

SPECIAL PROGRAM SCREENING

	YES	NO
Initial Visits	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %

EMERGENCY

	YES	NO
Initial Visits	Raw No. %	Raw No. %
Follow-up Visits	Raw No. %	Raw No. %

DIAGNOSIS		DISORDERS FROM CHLD	ORGANIC DISORDER	SUBSTANCE USE DIS	SCHIZO DISORDERS	PARANOID DISORDERS	
Initial Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	
Follow-up Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	
		OTHER PSYCHOTIC	AFFECTIVE DISORDERS	ANXIETY DISORDERS	SOMATOFORM DISORDERS	DISSOCIATIVE DISORDERS	
Initial Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	
Follow-up Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	
		PSYCHOSEX DISORDERS	FACTITIOUS DISORDERS	IMPULSE CONTROL	ADJUSTMENT DISORDER	PSYCH/ PHYSICAL	
Initial Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	
Follow-up Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	
		PERSONALITY DISORDERS	V CODES	NHRC CODES	OTHER	PERSONALITY TRAITS	
Initial Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	
Follow-up Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	
DISPOSITION		FIT FULL DUTY	UNSUIT- ABLE	UNFIT FOR DUTY	LIMITED DUTY	DEFERRED	DEPEND- ENT
Initial Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
RECOMMENDATION		ALCOHOL REHAB	DRUG REHAB	CAAC	HOSPITAL	OUTPT TX	FURTHER EVAL
Initial Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
		CHAMPUS	ADMIN SEP	MED BOARD	FAM SERVICE	NO FOLLOW-UP	OTHER
Initial Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
Follow-up Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %	Raw No. %
SPECIAL PROGRAM SCREEN RESULTS		QUALIFIED	DISQUALIFIED	DEFERRED	DOES NOT APPLY		
Initial Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %		
Follow-up Visits		Raw No. %	Raw No. %	Raw No. %	Raw No. %		

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